							_	_	_														
									Application or Docket Number														
	PATENT A	PPLICATIO Effect	N FEE DE		10021922																		
	·	CLAIMS AS	(Column		(Column 2)			SMALL ENTI		ΠΤΥ —	OTHER THAN												
TOTAL CLAIMS			17				1	RATE		FEE		RATE	FEE	ļ									
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EΕ	370.00	QR	BASIC FEE	740.00										
TOTAL CHARGEABLE CLAIMS			/ 2 _ minus 20=		.0			X\$ 9	=		OR	X\$18≃											
INDEPENDENT CLAIMS			/ _ minus 3 =		6			X42=			OR	X84≈											
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=			OR	+280=											
• If	the difference	in column 1 is	less than zero, ente		r "0" in o	olumn 2		TOTA	_		OR	TOTAL	740.0	7									
CLAIMS AS AMENDED - PART II								.0.,	- 1	L	, 0.1	OTHER											
		(Column 1)		(Colu				SMA	LL ENTITY		OR	SMALL ENTITY											
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IBER	PRESENT EXTRA		FIATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	. 17	Minus	- O	20	- /		X\$ 9	-		OR	X\$18=											
	Independent	• /	Minus	***	<u>}</u>	- 0		X42:			OR	∘X84=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									_		OR	+280=		ĺ									
							Į	101	ĀĹ		OR	TOTAL											
		(Column 1)		/Colu	mn 2)	(Column 3)		addit, f	EE		ļ ()	ADDIT. FEE	L										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUA PREVI	HEST ABER IOUSLY OFOR	PRESENT EXTRA		RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total		Minus	Ark .		a		X\$ 9	=		OR	X\$18=											
	Independent	*	Minus	***		3		X42:			OR	X84=											
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140			OR	+280=											
TOTAL											OR	TOTAL											
		(Column 1)		(Cole	ımn 2)	(Column 3)		ADDIT, F	EEI		1	ADDIT. FEE	·	1									
<u></u>		CLAIMS	1	HIG	HEST				_	ADDI-	ì.		ADDI-	ł									
DMENT C		REMAINING AFTER AMENDMENT		PREV	MBER NOUSLY D FOR	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE										
₫	Total	ļ	Minus	**.		=		X\$ 9	-		OR	X\$18=	1	1									

FORM PTO-875 (Rev. 8/01)

Independent

Minus

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

X42=

+140=

OR

OR

OR

X84=

+280=

TOTAL ADDIT. FEE